

ORIGINAL

CURRENT ISSUES IN AIDS

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

IT IS INDEED A GREAT HONOR TO BE YOUR KEYNOTE SPEAKER THIS MORNING. I'VE BEEN A GUEST AT YOUR PODIUM BEFORE AND -- FOR ME, AT LEAST -- THEY'VE BEEN IMPORTANT MOMENTS IN MY LIFE.

BUT THIS MORNING IS SOMETHING SPECIAL. THIS PLENARY SESSION IS A DEPARTURE FROM YOUR ANNUAL PRACTICE AND I AM TRULY HONORED TO BE THE ONE CHOSEN TO SPEAK.

I KNOW -- FROM LONG, PERSONAL EXPERIENCE -- HOW DIFFICULT IT IS FOR PHYSICIANS TO CHANGE THE WAY THEY DO THINGS. WE ARE VERY MUCH CREATURES OF HABIT. MOST OF THE TIME, THE HABITS AREN'T SO BAD EITHER. BUT THEY ARE HABITS NEVERTHELESS.

SO I AM SENSITIVE TO THE FACT THAT, FOR THE COLLEGE TO DEPART FROM ITS CUSTOMARY AGENDA THIS MORNING IS AN EVENT OF SOME CONSEQUENCE THAT ONLY A PHYSICIAN -- AND A PHYSICIAN'S SPOUSE -- CAN TRULY APPRECIATE.

WE'RE ONLY A MINUTE OR SO INTO THIS EVENT AND IT IS ALREADY MEMORABLE. SO I'M TEMPTED TO QUIT RIGHT NOW, WHILE I'M AHEAD. BUT I WON'T DO THAT.

RATHER, I'D LIKE TO TAKE ADVANTAGE OF THIS OPPORTUNITY -- AND YOUR HOSPITALITY -- TO EXPLORE A COUPLE OF QUESTIONS WITH YOU ... QUESTIONS THAT I KNOW TROUBLE A GREAT MANY OF OUR COLLEAGUES AND TROUBLE A GREAT MANY OF OUR FELLOW AMERICANS AS WELL.

THE QUESTIONS HAVE TO DO WITH THE AIDS EPIDEMIC ... WHOM IT IS AFFECTING AND HOW WE ARE RESPONDING.

I'M NOT GOING TO DWELL ON THE PARTICULARS OF THE DISEASE. THE DAILY PRESS -- AND OUR PROFESSIONAL JOURNALS -- DO A VERY GOOD JOB OF THAT.

AND THE AMERICAN COLLEGE OF PHYSICIANS HAS ITSELF DONE AN EXCELLENT JOB OF INFORMING THE MEDICAL PROFESSION OF THE MEDICAL, THE SCIENTIFIC, AND THE SOCIAL ASPECTS OF THIS EPIDEMIC.

AND I WANT TO EXTEND A SPECIAL WORD OF APPRECIATION TO THE COLLEGE FOR ITS RECENT "POSITION PAPERS," APPROVED AND RELEASED LAST MONTH, WHICH RECOUNT NOT ONLY THE FACTS ABOUT AIDS, BUT ALSO DEAL WITH THE ETHICAL AND FINANCIAL ISSUES THAT HAVE EVOLVED OVER THE 6-YEAR HISTORY OF THIS DREADFUL DISEASE.

IN ONE RESPECT, THOSE PAPERS ECHO THE REQUEST -- MADE BY MANY OTHER GROUPS -- THAT THE FEDERAL GOVERNMENT COME FORWARD WITH A CLEARER AND MORE PRECISE STATEMENT OF NATIONAL POLICY REGARDING AIDS.

BUT TO BE PERFECTLY HONEST ABOUT IT, I PLACE AS MUCH OR POSSIBLY EVEN MORE FAITH IN THE POLICY POSITIONS TAKEN BY THIS COLLEGE, BY THE AMERICAN MEDICAL ASSOCIATION, BY THE AMERICAN NURSES ASSOCIATION, AND BY MANY OTHER GROUPS REPRESENTING HEALTH PROFESSIONALS. AFTER ALL, YOU ARE THE PEOPLE WHO PROVIDE THE DAY-TO-DAY, HANDS-ON CARE FOR PERSONS WITH AIDS.

IF YOU, AS CONCERNED PROFESSIONALS, SAY YOU OUGHT TO BE DOING SOMETHING, THE CHANCES ARE VERY GOOD THAT IT WILL BE DONE ... CERTAINLY MUCH BETTER THAN IF I SAID YOU SHOULD DO THE SAME THING.

HENCE, I AM PERSUADED -- AS A RESULT OF MANY DISCUSSIONS WITH PHYSICIANS AND OTHERS AND THROUGH PERSONAL OBSERVATION -- THAT THE OVERWHELMING MAJORITY OF AMERICAN HEALTH PROFESSIONALS ARE LIVING UP TO THE HIGHEST IDEALS OF THEIR CALLING.

I HAVE EVERY INDICATION THAT THEIR PATIENTS WHO BECOME INFECTED WITH THE AIDS VIRUS DO GET APPROPRIATE HEALTH AND MEDICAL CARE.

I ADMIT THAT I'M BIASED AND THAT I CAN'T COMPLETELY IGNORE THE PROFESSIONAL INSTINCTS I DEVELOPED DURING NEARLY FIVE DECADES AS A PRACTICING PHYSICIAN AND SURGEON.

STILL, I THINK IT'S TRUE THAT VIRTUALLY ALL PATIENTS WHO DEVELOP AIDS ARE BEING CARED FOR ... AND I THINK THE AMERICAN PEOPLE OUGHT TO BE AWARE OF THAT AND BE COMFORTED BY IT.

HOWEVER, YOU AND I KNOW THAT'S NOT THE WHOLE STORY. WE KNOW THAT MANY AMERICANS -- POSSIBLY AS MANY AS 35 MILLION -- ARE OUTSIDE THE TRADITIONAL SYSTEM OF HEALTH CARE DELIVERY IN THIS COUNTRY.

THEY ARE NOT OUR FAMILIAR "PATIENTS." THEY DON'T HAVE A FAMILY PHYSICIAN WHO HAS KNOWN THEM AND CARED FOR THEM OVER THE YEARS. AND THEY'RE NOT COVERED BY HEALTH INSURANCE, EITHER.

FORTUNATELY, MOST OF THESE 35 MILLION INDIVIDUALS DO NOT ENGAGE IN HIGH-RISK BEHAVIOR AND, THEREFORE, THEY WILL NOT CONTRACT AIDS.

IF THE OPPOSITE WERE TRUE, WE WOULD CERTAINLY KNOW ABOUT IT BY NOW. THE UNITED STATES WOULD ALREADY BE ENGULFED IN A DEVASTATING AIDS CATASTROPHE WITH A ROLL-CALL OF THE DEAD THAT WOULD BE MANY TIMES THE CURRENT TOTAL OF 30,000.

THINGS ARE BAD ... MAKE NO MISTAKE OF THAT. BUT WE'VE NOT YET PASSED BEYOND THE BRINK OF A NATIONAL CATASTROPHE AND MY READING OF THE STATISTICS SO FAR IS THAT WE MAY YET AVERT ONE DOWN THE ROAD.

BUT NOTE THAT I SAID "MOST" OF THOSE 35 MILLION FELLOW AMERICANS MIGHT NOT CONTRACT AIDS. NOT "ALL."

THERE IS -- UNHAPPILY -- A SMALL MINORITY AMONG THEM WHO ARE UNINSURED ... WHO ARE CULTURALLY AND SOCIALLY ISOLATED ... AND WHO ARE AT RISK OF CATCHING AIDS -- OR OF ALREADY BEING INFECTED. THEY MAY WELL COMPRISE NEARLY ALL OF THE MILLION-AND-A-HALF AMERICANS WE ESTIMATE TO BE NOW CARRYING THE VIRUS, BUT NOT YET SHOWING ANY SYMPTOMS.

IF OUR EXPERIENCE THUS FAR MEANS ANYTHING, THEN THE PEOPLE
NOW INFECTED -- PLUS THE PEOPLE WHO ARE MOST AT RISK FOR
BECOMING INFECTED -- WOULD INCLUDE...

* DRUG ADDICTS WHO "SHOOT" DANGEROUS SUBSTANCES INTO
THEIR VEINS MANY TIMES A DAY. I.V. DRUG ABUSERS COMPRISE A
FOURTH OF ALL AIDS VICTIMS SO FAR. AND ALL SIGNS POINT TO
THIS GROUP AS BEING THE ONE THAT IS GROWING THE FASTEST.

AND THEY'VE NEVER BEEN WITHIN EASY REACH OF THE HEALTH CARE SYSTEM. EVEN THE AIDS EPIDEMIC HAS CONVINCED JUST A FEW OF THEM TO COME FORWARD AND SHAKE THEIR HABIT. FOR OUR PART, I'M NOT SURE WE'VE BEEN AS INNOVATIVE -- OR EVEN AS ENERGETIC -- AS WE OUGHT TO BE TO REACH THIS DIFFICULT BUT HIGHLY VULNERABLE GROUP.

* THE HIGH-RISK POPULATION ALSO INCLUDES HOMOSEXUALS OR BISEXUAL MALES WHO ARE NOT MONOGAMOUS AND WHO STILL ENGAGE IN ROUGH AND UNPROTECTED ANAL INTERCOURSE WITH MULTIPLE PARTNERS.

THIS HAS BEEN THE GROUP THAT ACCOUNTED FOR TWO-THIRDS OF ALL AIDS CASES SO FAR. BUT WE SEE EVIDENCE THAT PUBLIC EDUCATION PROGRAMS HAVE GREATLY REDUCED THE NUMBERS OF MEN ENGAGING IN HIGH-RISK SEXUAL BEHAVIOR. HENCE, THERE'S EVEN SPECULATION THAT THE EPIDEMIC MAY HAVE ALREADY PEAKED AMONG HOMOSEXUALS AND BISEXUAL MALES. I HOPE THAT'S THE CASE ... BUT I THINK IT'S A LITTLE EARLY TO CELEBRATE.

* THE AT-RISK POPULATION ALSO INCLUDES A NUMBER OF WOMEN -- MAINLY BUT NOT EXCLUSIVELY PROSTITUTES. THEY ARE EITHER DRUG ABUSERS THEMSELVES OR THEY'VE BEEN THE SEXUAL PARTNERS OF INFECTED DRUG ADDICTS OR INFECTED BISEXUAL MALES.

ABOUT A THOUSAND SUCH WOMEN HAVE ALREADY BEEN REPORTED AS HAVING AIDS. WITHIN A VERY SHORT TIME, THAT NUMBER COULD DOUBLE OR EVEN TRIPLE.

I NEEDN'T ADD THAT THESE WOMEN -- LIKE MOST OF THE OTHERS WHO ARE AT THE HIGHEST RISK FOR CONTRACTING AIDS -- ARE PERSONS NOT COMMONLY FOUND ON THE PATIENT ROLLS OF MOST PRACTICING PHYSICIANS.

* AND THEN THERE ARE THE CHILDREN ... INFANTS REALLY. SOME 700 HAVE ALREADY BEEN GIVEN THE GIFT OF LIFE -- AND OF AIDS -- BY THEIR VIRUS-INFECTED MOTHERS. OF THESE INFECTED NEONATES, QUITE A FEW HAVE BEEN ABANDONED BY THEIR MOTHERS AND ARE THE "PATIENT-WARDS," IF YOU WILL, OF THE NURSING STAFFS IN THE URBAN GENERAL HOSPITALS WHERE THEY WERE BORN.

* FINALLY, A DISPROPORTIONATE NUMBER OF PERSONS WITH AIDS ARE BLACK OR HISPANIC. THESE MINORITIES ARE SHOWING UP AMONG THE AIDS POPULATION AT TWICE THE RATE AT WHICH THEY APPEAR IN THE AMERICAN POPULATION GENERALLY. THEY TEND TO BE POOR AND TO LIVE IN URBAN AREAS WHERE HEALTH CARE SYSTEMS ARE ALREADY STRETCHED TO THE LIMIT.

LET ME ADD THAT THE OVERWHELMING MAJORITY OF BLACK AND
HISPANIC AMERICANS ARE NOT AT RISK FOR AIDS -- JUST AS THE
OVERWHELMING MAJORITY OF WHITES ARE NOT AT RISK EITHER.
HOWEVER, THE BLACK COMMUNITY -- ALREADY GRAPPLING WITH
SERIOUS ISSUES OF HOUSING, EMPLOYMENT, AND EDUCATION -- IS
BEGINNING TO FEEL OVERWHELMED BY THE ADDITION OF THE AIDS
ISSUE AS WELL. THEY NEED THE UNDERSTANDING AND ASSISTANCE
OF THE MAJORITY WHITE COMMUNITY IN THIS COUNTRY -- AND WE
ARE OBLIGED TO RESPOND.

THIS, THEN, A ROUGH SKETCH OF THE POPULATION OF AMERICANS MOST AT RISK FOR CONTRACTING AIDS ... AND OF DYING OF THE DISEASE:

I.V. DRUG ABUSERS ... PROMISCUOUS HOMOSEXUALS AND BISEXUAL MALES ... PROSTITUTES AND SEXUAL PARTNERS OF MEN WITH AIDS ... THE CHILDREN OF MOTHERS WITH AIDS ... AND -- TO A DISPROPORTIONATE DEGREE -- ALL THESE GROUPS AS THEY APPEAR IN THE BLACK AND HISPANIC COMMUNITIES.

FOR THE MOST PART THESE AMERICANS STILL LINGER ON THE PERIMETER OF -- OR ARE CLEARLY OUTSIDE -- OUR SYSTEM OF HEALTH CARE DELIVERY. BUT, AS THE AIDS EPIDEMIC PROGRESSES, THEY DESPERATELY NEED TO GET IN.

I HAVE VISITED WITH THESE INDIVIDUALS AND HAVE HEARD THEIR PESSIMISTIC VIEW ABOUT THEIR ABILITY TO GAIN ACCESS TO APPROPRIATE HEALTH CARE. I HAVE HEARD MANY OF THEM ACCUSE ALL OF GOVERNMENT AND ALL OF SOCIETY OF BEING, AT THE VERY LEAST, CALLOUS AND INDIFFERENT OR, AT THE VERY WORST, RACIST AND VENGEFUL.

I DON'T AGREE. I THINK WE'RE IN A TERRIBLE BIND -- ONE THAT PERSISTS DESPITE THE BEST EFFORTS BY PEOPLE OF GOOD WILL OF ALL BACKGROUNDS.

ON THE OTHER HAND, I'VE SPOKEN TO COLLEAGUES IN MEDICINE AND SOCIAL SERVICES WHO DISMISS THE PLIGHT OF PEOPLE WITH AIDS AS SOMETHING THEY "BROUGHT UPON THEMSELVES."

BUT I DON'T AGREE WITH THEM EITHER. IT'S NOT AT ALL CLEAR TO WHAT EXTENT AN AMERICAN MAN OR WOMAN, BORN IN -- AND DYING IN -- AN URBAN AMERICAN GHETTO, HAS THE EMOTIONAL, CULTURAL, EDUCATIONAL, OR ECONOMIC WHEREWITHAL TO TRULY CONTROL HIS OR HER OWN PERSONAL BEHAVIOR.

BUT I AM LESS CONCERNED WITH THE PARTICULAR ARGUMENTS RAISED BY EACH SIDE THAN I AM BY THE UNDERLYING FEELING AMONG BOTH GROUPS.

QUITE SIMPLY, IT IS FEAR ... FEAR OF THIS STILL-MYSTERIOUS DISEASE ... FEAR OF ITS MORTALITY RATE, WHICH IS VIRTUALLY 100 PERCENT ... FEAR OF THE STIGMA OF THE DISEASE, OF WHAT OTHER PEOPLE WILL CONCLUDE ABOUT THEIR BEHAVIOR AND THEIR JUDGMENT ... FEAR OF THE CONSEQUENCES OF THAT STIGMA, WHICH CAN BE LOSS OF A JOB OR HOUSING, EXPULSION FROM SCHOOL, OR DENIAL OF CERTAIN NECESSARY HEALTH OR SOCIAL SERVICES.

I FEAR IT, ALSO. BUT FOR OTHER REASONS. I FEAR THE AFFECTS OF THE AIDS VIRUS UPON THE SOCIAL COMPACT THAT HAS HELD AMERICAN SOCIETY TOGETHER THROUGH PERIODS OF PROFOUND TURMOIL AS WELL AS TRANQUILITY.

I FEAR ITS AFFECT UPON THE HEALTH SYSTEM IN OUR COUNTRY, A SYSTEM THAT REFLECTS AN HISTORIC NATIONAL TEMPERAMENT OF CHARITY AND TOLERANCE ... OF RESPONSIVENESS AND AFFIRMATION.

AND I FEAR THE AFFECT OF THE AIDS VIRUS UPON THE PEOPLE WHO MAKE THAT SYSTEM WORK ... THE PHYSICIANS AND NURSES, THE DENTISTS AND TECHNICIANS, THE SOCIAL WORKERS, THE ADMINISTRATORS.

OUR "CALLING," IF YOU WILL, IS BASED UPON THE MOST VALUED ETHIC IN HUMAN HISTORY ... AN ETHIC THAT IS INTEGRAL TO OUR PROFESSIONAL OATH, WHICH SAYS, IN EFFECT, ...

"DO WHAT YOU CAN TO HELP ... BUT IN ANY CASE, DO NO HARM."

MY PARAPHRASE OF THE OATH MAY SOUND A BIT SIMPLISTIC, I SUPPOSE, AND MAY NOT BE ALTOGETHER REFLECTIVE OF A LIFE IN MEDICINE, BUT I THINK IT DOES TOUCH UPON THE ESSENTIAL NATURE OF THE HEALING ARTS.

"DO WHAT YOU CAN TO HELP ... BUT IN ANY CASE, DO NO HARM."

WORDS LIKE THAT SHOULD HOLD GREAT MEANING FOR ALL OF US, AS WE CONFRONT THE CHALLENGE OF THE AIDS EPIDEMIC.

HOW CAN YOU HELP? AS YOUR "POSITION PAPERS" SAY, YOU CAN HELP BY CARING FOR PATIENTS YOU KNOW WHO CONTRACT THE DISEASE OF AIDS.

YOU CAN HELP BY INFLUENCING THE HEALTH CARE SYSTEM TO REMAIN OPEN TO PATIENTS YOU DON'T KNOW, WHO CONTRACT THE DISEASE OF AIDS.

YOU CAN HELP BY REINFORCING -- THROUGH PATIENT AND COMMUNITY EDUCATION PROGRAMS -- THE KIND OF LOW-RISK OR NO-RISK BEHAVIOR THAT MOST PEOPLE ENGAGE IN ANYWAY.

CONVERSELY, YOU CAN ALSO HELP -- AGAIN, THROUGH EDUCATION PROGRAMS -- TO GET OTHERS TO ABANDON THEIR HIGH-RISK DRUG AND SEXUAL BEHAVIORS.

"AND ... DO NO HARM." FIGHT THE DISEASE WITH EVERYTHING YOU'VE GOT. BUT DON'T FIGHT THE PEOPLE WHO HAVE IT.

IF YOU ARE STILL UNFAMILIAR WITH THE SIGNS AND SYMPTOMS OF THE DISEASE -- OR IF YOU KNOW YOU ARE UNSKILLED IN THE KIND OF PERSONAL COUNSELING THAT SHOULD GO ALONG WITH A DIAGNOSIS OF AIDS -- THEN REFER THE PATIENT TO SOMEONE OR SOME PLACE THAT PROVIDES THOSE SERVICES.

RECOGNIZE THE FACT THAT HAVING AIDS IS STIGMATIZING IN MOST COMMUNITIES. THEREFORE, THERE IS A REAL NEED FOR MAINTAINING CONFIDENTIALITY IN RESPECT TO AIDS-RELATED PATIENT INFORMATION. BUT CONFIDENTIALITY IS NOT AN ABSOLUTE PRESCRIPTION. WE KNOW THAT, IN THE CASE OF SPOUSES, FOR EXAMPLE, CONFIDENTIALITY ITSELF CAN BRING ABOUT GREAT PERSONAL HARM.

THESE KINDS OF ISSUES MUST BE WORKED THROUGH WITH GREAT CARE AND WITH THE GUIDANCE OF THOUGHTFUL, EXPERIENCED COLLEAGUES. TO DISMISS OR DODGE THESE ISSUES WOULD BE TO DO GREAT AND IRREVERSIBLE HARM TO PEOPLE.

AND MANY OF THEM -- SUCH AS SPOUSES OR CHILDREN -- ARE INDIVIDUALS WHO CANNOT TRULY BE CRITICIZED FOR BECOMING INFECTED WITH THE AIDS VIRUS. THEY DID NOT INCUR THE DISEASE BY THEIR OWN CHOICE.

I SHAN'T GO THROUGH A LONG LIST OF SUGGESTIONS AS TO WHAT TO DO IN EACH OF THESE SITUATIONS. I'M SURE THAT EACH OF YOU -- DRAWING UPON YOUR OWN EXPERIENCE AND YOUR OWN HUMANITY -- CAN COME UP WITH A LIST THAT'S EVERY BIT AS USEFUL AS MINE.

THE MOST IMPORTANT ASPECT OF SUCH A LIST, HOWEVER, WOULD NOT ONLY BE ITS RELEVANCE TO CARING FOR MOSTLY WHITE, MAINLY HETEROSEXUAL, MONOGAMOUS, AND DRUG-FREE PATIENTS -- THE ONES WITH WHOM WE ARE MOST FAMILIAR --- BUT ALSO ITS RELEVANCE TO THE CARE OF SUBSTANTIALLY BLACK AND HISPANIC, PRIMARILY HOMOSEXUAL AND BISEXUAL, GENERALLY PROMISCUOUS, AND DRUG-ADDICTED PATIENTS, THE ONES ABOUT WHOM WE KNOW VERY LITTLE BUT, IN THIS "AGE OF AIDS," THE VERY ONES WHO NEED OUR HELP THE MOST.

I HAVE NO DOUBT BUT THAT SUCH CARE WILL BE PROVIDED. I DO NOT BELIEVE WE WILL EVER ABANDON ANY OF THESE PATIENTS. HERE IN THE UNITED STATES, THAT'S SIMPLY OUT OF THE QUESTION.

BUT WE ARE BEING TESTED, THERE'S NO QUESTION ABOUT THAT.
THE EPIDEMIC OF AIDS IS PROVIDING ONE OF THE MOST SERIOUS TESTS
OF SOCIAL AND POLITICAL WILL THAT OUR SOCIETY HAS EVER UNDERGONE.

YET, I BELIEVE WE WILL COME THROUGH SUCH A TEST WITH OUR
IDEALS AND OUR INSTITUTIONS INTACT.

AND THE REASON I CAN DARE TO PREDICT SUCH AN OUTCOME IS THAT
I BELIEVE THE PROFESSIONAL MEN AND WOMEN OF THIS COUNTRY WILL, IN
THE LONG RUN, ROLL UP THEIR SLEEVES AND DO WHAT HAS TO BE DONE,
DESPITE AN ENVIRONMENT OF OVERWHELMING TRAGEDY, BOTH PERSONAL AND
NATIONAL.

THE NEXT FEW YEARS -- A DECADE OR TWO -- WILL NOT BE EASY.
BUT WE'LL MAKE IT ... AND WE'LL MAKE IT TOGETHER.

THANK YOU.

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